

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/06/05

PRODUCER
I Sell Insurance Company
P. O. Box 1234
Anytown, USA 12345
(123) 456-7890

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	XYZ's Group Insurance of USA
COMPANY B	ABC National Insurers
COMPANY C	State Worker's Insurance Company
COMPANY	to-Sea Vessel Insurance Carriers

INSURED
I Manage Boats, Inc.
P. O. Box 1234
City, WI 12345

1. Commercial General Liability may ONLY be written by a United States company.

2. [Attachment B, specific to the type of Permit] Product/Completed Operations is REQUIRED. If not included here, must be provided for under a separate Certificate.

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED NOTWITHSTANDING AND REQUIREMENT, TERM OR CONDITION ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY TH SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY

ABOVE FOR THE POLICY PERIOD INDICATED, RESPECT TO WHICH THIS CERTIFICATE MAY BE E TERMS, EXCLUSIONS AND CONDITIONS OF

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> <u>COMMERCIAL GENERAL LIABILITY</u> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OWNER'S & CONTRACTOR	XXX123456789AB	1/12/05	1/12/06	GENERAL AGGREGATE \$ <u>1,000,000</u> PRODUCTS - COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> <u>ALL OWNED AUTOS</u> <input checked="" type="checkbox"/> <u>SCHEDULED AUTOS</u> <input checked="" type="checkbox"/> <u>HIRED AUTOS</u> <input checked="" type="checkbox"/> <u>NON-OWNED AUTOS</u>	XXX123456789AB	1/12/23	1/12/24	COMBINED SINGLE LIMIT \$ <u>300,000</u>
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				IDENT \$ ONLY \$ CIDENT \$ AGGREGATE \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYEES' LIABILITY	WXZY987654ABC	1/12/23	1/12/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE EACH EMPLOYEE \$
D	OTHER: <u>WATERCRAFT LIABILITY</u> <u>OWNED, NON-OWNED AND HIRED</u>	DDDD12345NMO		12/06	COMBINED SINGLE LIMIT \$ <u>300,000</u> BODILY (Per per BODILY (Per acc PROPE

3. Certificate MUST contain a policy number. Binders are NOT acceptable.

4. Certificate MUST have valid policy effective AND expiration dates.

5. Certificate MUST show coverages for owned, non-owned and hired automobiles and if applicable, watercraft. (See "OTHER:" below).

6. [Attachment B, specific to the type of Permit] Comprehensive General Liability minimum is per occurrence. Commercial Automobile Liability per occurrence is \$300,000 or state minimum (based on Gross Vehicle Weight), whichever is greater.

7. Certificate MUST show the exact description of the services authorized under the permit, including the 30-day cancellation clause.

8. Certificate should show a note regarding additional insured and if applicable, commercial watercraft liability.

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

COMPANY NAME AND NAME OF PROJECT

This certificate is for a film/photography shoot at Sequoia and Kings Canyon National Parks on MONTH, DAY, YEAR. Certificate Holder is additional insured. Policy cannot be changed or cancelled without 30 days prior written notice to the certificate holder.

CERTIFICATE HOLDER ☒ ADDITIONAL INSURED: INSURER LETTER CANCELLATION

United States of America

9. All Certificates MUST say "United States of America" ONLY.

"SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30-DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES"

AUTHORIZED REPRESENTATIVE

10. Certificate MUST contain entire 30-day cancellation clause - Copy and paste the exact text inside the quotes. Certificate MUST be signed by an insurance company representative.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SAMPLE